

DATE 14 Feb 1951

SUBJECT: Personnel (Task Force Boulder)

Forwarded for appropriate action are:

NAME _____ NO. Km-26
FORM XX
FIELD INVESTIGATION RESULTS
SUPPLEMENTARY BACKGROUND FORM
ATTACHMENT
MEDICAL CHECK SHEET X
ASSESSMENT
OTHER

for
EE-3

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCES METHODS EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2006

FEB 14 1951	
SERIAL NO.	<u>5</u>

XW-2x

ATTACHMENT A

The following basic information will be required on a physical examination:

Name FROHLICH (ORLOW) Date of Birth 8.11.04. Sex M

Sergeant
Applicant's statement as to any serious present or previous illnesses, injuries or operations. Asthma (till 13 years)
1 year ago: inflammation of left hip-joint (treated constantly with short waves)

Height 182 cm

Weight 85 kg

Vision

Without Glasses

With Glasses

Distant / 6 meters / normal

/ 27 cm / normal

Pulse rate / at rest, immediately after exercise and one minute after exercise / 80/min. 102/min. 84/min.

Blood Pressure 150/100

After each of the following items, write "normal" or describe any abnormality under "Remarks"

Eyes normal

Ears - hearing at distance of 6 meters normal

Nose normal

Sinuses

normal

Mouth

normal

Teeth repaired

(several missing)

Pharynx - tonsils

normal

Heart and blood vessels including varicose veins

normal

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Lungs normal

Abdominal organs /including hernia/

scar after Appendectomy (1935)

Extremities some stiffness of left hip-joint

Report of X-Ray of Chest

Report of Urine examination

Specific gravity 1022

Albumin

Sugar

Microscopic

Report of Blood test for syphilis

neg ad.

In view of your finding above, do you consider that the applicant is fully capable of the following activities /please answer yes or no /

Recreational:

Tennis no

Prolonged swimming yes

Soccer

Boxing

Wrestling

Mountain climbing no

Jumping

Bowling

Hiking

Bicycling yes

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Occupational :

Climbing a ladder _____

Lifting and carrying weights of 11 kg _____
up to 22 kg _____

Climbing 2 or more flights of stairs
several times daily _____ *no* _____

Squatting _____

Crawling _____

If the answer to any of the above is "no", please explain under "Remarks" below. Also include any additional description or any physical defects or abnormalities which you have reported.

REMARKS: Owing to the inflammation of left
hip joint - he has to walk with a cane.
fit for office work.

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